

**CABOT POLICE DEPARTMENT
POLICE OFFICER
MINIMUM QUALIFICATIONS**

1. Must be at least 21 years of age by employment date.
2. Must have never had any felony convictions or pleas.
3. Must have never had any Domestic Abuse convictions or pleas.
4. Must possess a High School Diploma or G.E.D. Equivalent.
5. Must possess a valid Arkansas Drivers License with a semi clean driving record for the past 3 years, at time of employment.
6. Must possess a Certified Birth Certificate issued by the state where born.
7. Must possess an Original Social Security Card with applicant's name on it.
8. If prior military, must possess a Certified DD-214 Form.
9. Must be a U.S. Citizen.
10. Must be able to pass a Physical Agility Test which consists of the following:
 - Run 1 mile in 11 minutes or less
 - Do 10 sit ups in 20 seconds or less
 - 15 push-ups in 35 seconds.
11. Must be able to pass a Medical and Psychological exam, along with a Drug test.
12. Must be of good character.
13. Must pass a F.B.I. and State Police finger print check.
14. Must pass an interview, with the interview board of this police department.

CONTACT SHEET

PLEASE PRINT

NAME: _____
Last First Middle (Maiden)

ADDRESS: _____
Number / Street City State Zip Code

PHONE NUMBER: _____
Area Code

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____
Number Class State

DATE OF BIRTH: _____

SIGNATURE: _____ DATE: _____

**CABOT POLICE DEPARTMENT
APPLICANT PRELIMINARY QUESTIONNAIRE**

1. Are you a legal citizen of the United States? YES/ NO
2. Will you submit to drug testing? YES/ NO
3. Will you take a polygraph examination? YES/ NO
4. Have you, or will you, receive a discharge from military duty under honorable conditions? (Honorable, General, etc.) (if applicable)N/A / YES/ NO
5. Will you take a physical agility test? YES/NO
6. Will you submit to a psychological interview conducted by a licensed Psychologist of the Cabot Police Department's choosing? YES/NO
7. Are you currently on probation for driving while intoxicated or any other traffic offense?..... YES/ NO
8. Have you been convicted of driving while license suspended or failure to show identification within the last 5 years?..... YES/ NO
9. Have you had 3 or more moving traffic convictions within the past 12 months? YES/ NO
10. Have you had 6 or more moving traffic convictions within the past 24 months? YES/ NO
11. Have you been convicted for driving while intoxicated or driving under the influence of drugs or alcohol within the last 10 years? YES/ NO
12. Have you ever committed, pled guilty, or been convicted of a Felony? YES/ NO
13. Have you ever been convicted for a crime involving a sex offense? YES/ NO
14. Have you ever used, sold, or delivered any illegal drugs? YES/ NO
15. Have you ever been convicted or plead guilty to Domestic Violence? YES/ NO
16. Have you ever been charged with a crime or violation, that could have resulted in jail time and/or a fine of \$100.00 or more? YES/ NO
17. Has your driver's license ever been revoked or suspended? YES/ NO
18. **Male applicants:** If you are between the ages of 18 and 25, have you registered with the Selective Service System (Military Draft)? YES/ NO

If you answered Yes to questions 7 - 17, explain below:

Application for the Cabot Police Department

Applicant Please Notice:

All information on this application **must** be complete. Do **not** leave any spaces blank. If a question or item does not apply to you, then you should answer N/A.

Where names and addresses are requested, they must be completed with person's name(s), street names, address numbers, city, state, and zip codes. Any incomplete applications will not be considered for employment.

STATE OF ARKANSAS

COMMISSION

ON

LAW ENFORCEMENT STANDARDS

AND TRAINING

PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT

Law Enforcement Agency _____

Month _____

Day _____

Year _____

INSTRUCTIONS: Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add additional pages and identify information by item number. If a question does not apply to you, indicate by writing N/A in the answer blank. Type or print legibly in ink all responses.

PERSONAL

1. NAME _____ / _____ / _____
First Middle Last Social Security Number

Nicknames or Aliases _____

2. Height _____ inches Weight _____ lbs.

3. Present Mailing Address: _____
Street and Number City State Zip Code

Permanent Mailing Address: _____
Street and Number City State Zip Code

Telephone Number: Home: _____ Business: _____

4. Date of Birth: _____ Place of Birth: _____

5. Citizenship: ☐ U.S. Born ☐ U.S. Naturalized ☐ Other- Specify _____

6. List organizations, clubs, and associations of which you are or have been a member, or with which you are or have been associated.

7. List hobbies and/or special skills. _____

MARITAL

8. Marital Status (check one) ☐ Single ☐ Married ☐ Divorced
☐ Engaged ☐ Separated ☐ Widowed

9. Names of Spouse or Fiancée _____

10. If married, are you living with your spouse? _____ Yes _____ No

If not, state reasons: _____

11. Have you ever been separated or divorced? _____ Yes _____ No. If Yes, give date and location of court or jurisdiction. _____

12. Give the following information concerning your spouse's parents:

	NAME	ADDRESS
Father		
Mother		

13. List below every child born to you:

NAME	BIRTHDATE	PLACE OF BIRTH	WITH WHOM RESIDES

14. Are you now supporting all children born to you, adopted by you and stepchildren? _____ Yes _____ No

15. Have you ever been involved as defendant in a paternity proceeding? _____ Yes _____ No
If yes, give date and court or jurisdiction: _____

REFERENCES:

16. Give the names of fives responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities:

NAME	ADDRESS	TELEPHONE

FAMILY HISTORY:

17. List your parents, brothers, and sisters:

	NAME	ADDRESS	TELEPHONE
Father			
Mother			
Bro./Sis.			
Bro./Sis.			
Bro./Sis.			

18. Has any member of your immediate family ever been arrested for or convicted of a felony offense?
_____ Yes _____ No. If yes, complete the following:

DATE **LOCATION** **CHARGE** **DISPOSITION**

FINANCIAL:

19. Do you have life insurance and/or hospitalization insurance? _____ Yes _____ No

20. Have you a savings account? _____ Yes _____ No

Bank _____ City and State _____

Bank _____ City and State _____

21. Have you a checking account? _____ Yes _____ No

Bank _____ City and State _____

Bank _____ City and State _____

22. Do you own or have an interest in any type of business dealing in alcohol?

_____ Yes _____ No. If yes, give name, location and type of business.

23. Do you own or are you buying your own home? _____ Yes _____ No
Is there a mortgage on the property? _____ Yes _____ No

Bank or Company _____ City and State _____

24. Do you own or are you buying other real estate? _____ Yes _____ No
If yes, give name of agency holding mortgage:

Bank or Company _____ City and State _____

25. List motor vehicles that you own or are buying or leasing:

MAKE	MODEL	YEAR	AMOUNT OWED

26. What income other than salary do you have at present? Include spouse's salary.

27. List Credit References:

<div> <div>_____</div> <div>Name of Firm</div> </div> <div> <div>_____</div> <div>Street Address</div> </div>	<div> <div>_____</div> <div>Amount Owed</div> </div> <div> <div>_____</div> <div>City and State</div> </div>
<div> <div>_____</div> <div>Name of Firm</div> </div> <div> <div>_____</div> <div>Street Address</div> </div>	<div> <div>_____</div> <div>Amount Owed</div> </div> <div> <div>_____</div> <div>City and State</div> </div>
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28. What is your total indebtedness at present? _____
29. Have your creditors treated you fairly? _____. If not, explain: _____

30. Have you ever been sued? _____ Yes _____ No. If yes, give details: _____

RESIDENCES:

31. List addresses for past 10 years starting with **present** address at top:

FROM MO. YR.	TO MO. YR.	ADDRESS/RESIDENCE	CITY & STATE	LANDLORD
	PRESENT			

WORK HISTORY:

32. Are you now or have you ever been engaged in any business as an owner, partner, or corporate board member? _____ Yes _____ No
If yes, give detail below: _____

33. If you have ever been discharged or forced to resign because of misconduct or unsatisfactory service, give details: _____

34. Have your employers always treated you fairly? _____ Yes _____ No.
If no, explain: _____

35. Do you object to wearing a uniform? _____ Yes _____ No

36. Do you object to working nights? _____ Yes _____ No

37. Do you object to working shifts? _____ Yes _____ No

38. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor _____ No. employees supervised by you: _____
Employer _____ Address _____
Duties _____

Reason for leaving: _____

B. Title of next to last position _____ Starting Salary _____ Last Salary _____

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor _____ No. employees supervised by you: _____
Employer _____ Address _____
Duties _____

Reason for leaving: _____

C. Title of next position _____ Starting Salary _____ Last Salary _____

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor _____ No. employees supervised by you: _____
Employer _____ Address _____
Duties _____

Reason for leaving: _____

D. Title of next position _____ Starting Salary _____ Last Salary _____

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor _____ No. employees supervised by you: _____
Employer _____ Address _____
Duties _____

Reason for leaving: _____

39. Have you previously submitted an application for employment with this agency? ____ Yes ____ No
Approximate date: _____

MILITARY SERVICE

40. Were you ever in this U.S. Military Service or any other military organization? ____ Yes ____ No
Branch of Service _____ Unit _____ Date of Enrollment _____
Date of Discharge _____ Service Number _____ Highest Rank _____
41. List medals and decorations: _____

42. Type of Discharge: _____
43. If you are presently a member of the National Guard or any military reserve, give the unit, location and describe your obligation: _____

44. List all schools attended:

Name of School	Location (City and State)	From Month & Year	To Month & Year	Year Completed
Grade				
High School				
College or University				

45. Did you either graduate from high school or pass the high school equivalency test? ____ Yes ____ No
46. List college degrees received and major field of each. Include incomplete courses: _____

47. Were you ever expelled from any school or were you ever disciplined by any school official?
____ Yes ____ No. If yes, explain: _____

ARREST AND MILITARY DISCIPLINARY

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be Sufficient to disqualify you. (Exclude minor traffic violations.)

48. Have you ever been arrested or detained by police? ____ Yes ____ No If yes, give details below:
A. Crime Charged _____ **Police Agency** _____
Date _____ **Disposition of Case** _____

B. Crime Charged _____ **Police Agency** _____

Date _____ **Disposition of Case** _____

49. Have you ever been placed on probation? _____ Yes _____ No If yes, give details below:

50. Have you ever been required to pay a fine in excess of \$25.00? _____ Yes _____ No If yes, give details:

51. Have you ever been reported as a missing person or as a runaway? _____ Yes _____ No If yes, give complete details, including jurisdiction, dates, and outcome: _____

52. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces? _____ Yes _____ No If yes, explain below:

53. List any disciplinary action taken against you in the National Guard or other reserve until: _____

54. If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answers will be checked with the FBI and other agencies.

Agency _____ Date _____ Purpose _____

Agency _____ Date _____ Purpose _____

Agency _____ Date _____ Purpose _____

55. Can you operate a motor vehicle? _____ Yes _____ No

56. Do you possess a valid operator's license from the State of Arkansas? _____ Yes _____ No

57. Do you possess an operator's license issued by any state other than Arkansas? _____ Yes _____ No

If yes, give state and number _____

58. Was your license ever suspended or revoked? ____ Yes ____ No If yes, state which and give reasons: _____
59. Was your license ever restored. ____ Yes ____ No When? _____
60. Have you ever been refused an operator's license by any state? ____ Yes ____ No
61. Have your driving privileges ever been restricted? ____ Yes ____ No If yes, give details: _____

62. Has a motor vehicle being driven by you ever been involved in an accident? ____ Yes ____ No
If yes, give complete details for each accident whether collision or non-collision: _____
Date: _____ Police Investigation? ____ Yes ____ No
Location: _____ Cause of Accident _____
-
- Date: _____ Police Investigation? ____ Yes ____ No
Location: _____ Cause of Accident _____

63. List any convictions for minor traffic violations:

LOCATION	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

ATTITUDES

64. What do you consider to be the current social problems of greatest concern?

65. What are your experiences and beliefs concerning the use of alcoholic beverages?

****NOTICE****

**THE FOLLOWING TWO PAGES MUST BE SIGNED
IN THE PRESENCE OF A NOTARY PUBLIC**

66. What are your experiences and beliefs concerning the use of marijuana and/or other mind-altering drugs?

67. What are your feelings about the use of deadly force if it became necessary in the performance of official duties? _____

CAREER OBJECTIVES

68. Explain briefly your reasons for applying for this position: _____

I hereby certify that all statements made in this questionnaire are true and complete and understand that Any misstatements of material facts will subject me to disqualifications or dismissal.

Signature in Full

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC, THIS _____ DAY

OF _____, 20_____

MY COMMISSION EXPIRES _____

NOTICE – False swearing is a Class A misdemeanor. Punishable under Arkansas Code 5-53-103.
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**CABOT POLICE DEPARTMENT
WAIVER AND RELEASE OF ALL CLAIMS
AND
WAIVER OF RIGHT TO INSPECT
BACKGROUND INVESTIGATION**

I, _____, am applying for the position of Police Officer with the Cabot Police Department. I understand, in order to gauge my fitness for the position, the City of Cabot must conduct a thorough and complete background investigation. I understand, to facilitate a thorough and complete background investigation and to insure complete candor on the part of those providing the necessary information, I must:

- A. consent to the City's conduct of the background investigation;
- B. waive any and all claims I might otherwise have against those individuals who cooperate and provide information to the City; and
- C. waive my right to review the complete background investigation.

WHEREFORE

I, _____, for and in consideration of the City of Cabot's consideration of my application for the position of police officer, do hereby specifically authorize the City of Cabot to conduct a thorough and complete background investigation on me for the purpose of gauging my fitness for the position and further, I do hereby waive, release and forever relinquish any and all claims and causes of action against the City and/or any of its officials or employees that may otherwise accrue to me as a result of the City's conduct of the investigation. I understand that, in the event I suffer any injury of any kind as a result of the City's conduct of the background investigation, I am herein forfeiting any and all rights to bring legal action against or seek redress in the courts from the City or any of its officials or employees. Even if such injury or harm occurs as a direct result of their negligence or any other failure on their part to satisfy any duty owed me.

And also, for and in consideration of the City of Cabot's consideration of my application for the position of Police Officer, I do hereby specifically authorize, request and direct any individual, including but not limited to my family, friends, neighbors (past or present), and acquaintances (past or present), employers (past or present), my references, educational institutions of any kind, credit bureaus or consumer reporting agencies, or any other person, institution, organization or governmental agency or instrumentality (local, state, federal, military or foreign), wherever situated, to completely and thoroughly answer any and all questions concerning me posed by an official or employee of the City and to provide the City, or any official or employees, any requested document, information, record or file concerning me. I do hereby waive, release and forever relinquish any and all claims and causes of action against any such individuals that may accrue to me as a result of the individual's cooperation with the conduct of the background investigation or release of information to the City or any of its officials or employees. I understand that, in the event I suffer any injury of any kind as a result of the individuals cooperation with the conduct of the background investigation or release of information to the City, I am herein forfeiting any and all rights to bring legal action against or seek redress in the courts from the individual, even if such injury or harm occurs as a direct result of the individuals negligence or actual malice or any other failure on the individuals part to satisfy any duty owed to me.

(Continued On Other Side)

And also, for and in consideration of the City of Cabot's consideration of my application for the position of Police Officer, recognizing that complete candor on the part of those from whom information is sought is ensured only by maintaining the confidentiality of a complete background investigation, I do hereby waive, release and forever relinquish any right I might otherwise have pursuant to Arkansas Freedom of Information Act, Ark. Code Ann. State Statute 24-19-101 et. Seg. to review and/or copy the background investigation completed on me or any part thereof.

A copy of the waiver and release shall be deemed as effective as the original.

For purposes of conducting the background investigation and gathering the information necessary to gauge my fitness for the position of Police Officer, the Waiver and Release shall be effective for a period of one year from the date of my execution hereof. My waiver of right to review and copy the background investigation is perpetual.

This Waiver and Release of All Claims is intended to be as broad and inclusive as permitted by the Laws of the State of Arkansas and, if any portion hereof is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect. My spouse (if any), heirs and legal representative, and all successors and assigns, are bound by the terms of this hereto and its terms and contractual and are not mere recital.

Applicant Signature

I have carefully read the above and foregoing Waiver and Release in its entirety. I know and understand the contents thereof and do, of my own free will, sign this Waiver and Release indicating my specific agreement to any and all terms.

Applicant Signature

Date

Applicant, Do Not Write Below This Line

STATE OF: _____

COUNTY OF: _____

SUBSCRIBED and SWORN to before me, a Notary Public, this _____ day of _____ 20____

Notary

My Commission Expires: _____